

PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the LIBC-339
“SUPPLEMENTAL AGREEMENT FOR COMPENSATION
FOR DEATH”

Note: This document is for reference purposes only and is not intended to replace Pennsylvania's Element Requirement Table (ERT). Please refer to the ERT for all requirements.

	LIBC-339 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
HEADING INFORMATION					
1	EMPLOYEE SOCIAL SECURITY NUMBER	Employee SSN	0032	148	6-19
2	DATE OF INJURY	Date of Injury	0041	148	
3	PA BWC CLAIM NUMBER (IF KNOWN)	Jurisdiction Claim Number	0005	148; A49	
EMPLOYEE INFORMATION					
4	First Name Last Name	Employee First Name Employee Last Name	N/A	N/A	
5	Address Address City/Town State Zip County	Employee Mailing Primary Address Employee Mailing Secondary Address Employee Mailing City Employee Mailing State Code Employee Mailing Postal Code Accident County	N/A	N/A	
6	Telephone	Employee Phone Number	N/A	N/A	
EMPLOYER INFORMATION					
7	Name Address Address City/Town State Zip County	Employer Name Employer Mailing Primary Address Employer Mailing Secondary Address Employer Mailing City Employer Mailing State Code Employer Mailing Postal Code Accident County	0018 0168 0169 0165 0170 0167 0118	R21 R21 R21 R21 R21 R21 R21	
8	Telephone	Employer Phone Number	0048	148	

6	FEIN	Employer FEIN	0048	148	
<i>INSURER or THIRD PARTY ADMINISTRATOR INFORMATION (if self insured)</i>					
11	Name	Claim Administrator Name	0018	R21	
12	Address	Claim Administrator Primary Address	0168	R21	
	Address	Claim Administrator Secondary Address	0169	R21	
	City/Town	Claim Administrator City	0165	R21	
	State	Claim Administrator State Code	0170	R21	
	Zip	Claim Administrator Postal Code	0167	R21	
	County		NA		
13	Telephone		NA		
14	Bureau Code		NA		
15	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22	
16	FEIN	Claim Administrator FEIN	0187	R21; R22	
<i>FORM INFORMATION</i>					
17	Date of Agreement	Award/Order Date	0299	R22	
<i>CLAIM REPRESENTATIVE INFORMATION</i>					
28	Authorized agent for insurer First Name	Claim Administrator Claim Representative Name	0140	R22	
29	Authorized agent for insurer Last Name	Claim Administrator Claim Representative Name	0140	R22	